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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/533,160	10/12/2005	Werner Gehringer	37998-237519	7155
26694	7590	05/09/2008	EXAMINER	
VENABLE LLP P.O. BOX 34385 WASHINGTON, DC 20043-9998			ROOK, AGNIS BEATA	
ART UNIT		PAPER NUMBER		
1656				
MAIL DATE		DELIVERY MODE		
05/09/2008		PAPER		

**Please find below and/or attached an Office communication concerning this application or proceeding.**

The time period for reply, if any, is set in the attached communication.

<b>Interview Summary</b>	<b>Application No.</b>	<b>Applicant(s)</b>	
	10/533,160	GEHRINGER ET AL.	
	<b>Examiner</b>	<b>Art Unit</b>	
	AGNES B. ROOKE	1656	

All participants (applicant, applicant's representative, PTO personnel):

(1) AGNES B. ROOKE. (3) MATTHEW KELLEY.

(2) KAREN C. CARLSON. (4) \_\_\_\_\_.

Date of Interview: 06 May 2008.

Type: a) Telephonic b) Video Conference  
c) Personal [copy given to: 1) applicant 2) applicant's representative]

Exhibit shown or demonstration conducted: d) Yes e) No.  
If Yes, brief description: \_\_\_\_\_.

Claim(s) discussed: 1.

Identification of prior art discussed: no.

Agreement with respect to the claims f) was reached. g) was not reached. h) N/A.

Substance of Interview including description of the general nature of what was agreed to if an agreement was reached, or any other comments: Potential amendment to claim 1 was discussed as to state that the the content of PKA is "of less than 12 IU/ml."

(A fuller description, if necessary, and a copy of the amendments which the examiner agreed would render the claims allowable, if available, must be attached. Also, where no copy of the amendments that would render the claims allowable is available, a summary thereof must be attached.)

THE FORMAL WRITTEN REPLY TO THE LAST OFFICE ACTION MUST INCLUDE THE SUBSTANCE OF THE INTERVIEW. (See MPEP Section 713.04). If a reply to the last Office action has already been filed, APPLICANT IS GIVEN A NON-EXTENDABLE PERIOD OF THE LONGER OF ONE MONTH OR THIRTY DAYS FROM THIS INTERVIEW DATE, OR THE MAILING DATE OF THIS INTERVIEW SUMMARY FORM, WHICHEVER IS LATER, TO FILE A STATEMENT OF THE SUBSTANCE OF THE INTERVIEW. See Summary of Record of Interview requirements on reverse side or on attached sheet.

/Karen Cochrane Carlson, Ph.D.  
Primary Examiner, Art Unit 1656

Examiner's signature, if required

Examiner Note: You must sign this form unless it is an attachment to a signed Office action.